

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036790

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-None

SL 29370

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED SEP 18 1962

Primary Registration District No.

1003

Registrar's No.

8841

VS 300
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN 915 N. Grand, St. Louis, Mo.

Length of stay in lb.
9 hours and
5 minutes

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VET. ADM. HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 621 Schiller Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
GERHARD

Middle
W.

Last
THYSSEN

4. DATE
OF
DEATH

Month
September

Day
12

Year
1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11/5/04

9. AGE (last birthday)
57

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Brake Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Groesbeck, Netherlands

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Florence Thyssen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT
Address

Florence Thyssen (Wife), Same add. as 2

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Neck, Mouth

INTERVAL BETWEEN
ONSET AND DEATH
4 mo.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of Tongue

1 yr.

DUE TO (c)

1419.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 11/28/61 to 9/12/62
Death occurred at 2:05 A. M.

and last saw him alive on 9/11/62

and last saw him alive on 9/11/62

22. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

607 N. Grand Blvd

22c. DATE SIGNED

9/13/62

23. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE
9/14/62

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park

23d. LOCATION (City, town, or county)
St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

EMIL J. HEITZENROEDER, 8319 Hallsferry

25. DATE RECD. BY LOCAL REG.

9-13-1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.